

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION	2. DATE SUBMITTED 08/13/1967	Applicant Identifier	
	3. DATE RECEIVED BY STATE 08/13/1967	State Application Identifier	
<input checked="" type="radio"/> Pre-application <input type="radio"/> Application <input type="radio"/> Changed/Corrected Application	4. Federal Identifier		
5. APPLICANT INFORMATION <span style="float:right">* Organizational DUNS:StringStringS</span>			
<div>* Legal Name:</div> <div>Department: <span style="float:right">Division:</span></div> <div>* Street1: <span style="float:right">Street2:</span></div> <div>* City: <span style="float:right">County:</span> <span style="float:right">* State: AL: Alabama</span></div> <div>Province: <span style="float:right">* Country: AFG: AFGHANISTAN</span> <span style="float:right">* ZIP / Postal Code:</span></div>			
Person to be contacted on matters involving this application			
Prefix:    * First Name:    Middle Name:    * Last Name:    Suffix:			
* Phone Number:    Fax Number:    Email:			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): StringStringStringString		7. * TYPE OF APPLICANT A: State Government	
8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): <div>Small Business Organization Type</div> <div><input checked="" type="radio"/> Women Owned    <input checked="" type="radio"/> Socially and Economically Disadvantaged</div>	
If Revision, mark appropriate box(es). <input checked="" type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY:	
* Is this application being submitted to other agencies? <input checked="" type="radio"/> Yes <input type="radio"/> No What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)			
13. PROPOSED PROJECT: * Start Date    * Ending Date 08/13/1967    08/13/1967		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant    b. * Project	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix:    * First Name:    Middle Name:    * Last Name:    Suffix:			
<div>Position/Title:    * Organization Name:</div> <div>Department:    Division:</div> <div>* Street1:    Street2:</div> <div>* City:    County:    * State: AL: Alabama</div> <div>Province:    * Country: AFG: AFGHANISTAN    * ZIP / Postal Code:</div> <div>* Phone Number:    Fax Number:    * Email:</div>			

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. * Total Estimated Project Funding      \$0.00		a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds      \$0.00		DATE: 08/13/1967	
c. * Estimated Program Income      \$0.00		b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR	
		<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b> <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>			
<b>19. Authorized Representative</b>			
Prefix:	* First Name:	Middle Name:	* Last Name:
			Suffix:
* Position/Title:	* Organization Name:		
Department:	Division:		
* Street1:	Street2:		
* City:	County:	* State: AL: Alabama	
Province:	* Country: AFG: AFGHANISTAN	* ZIP / Postal Code:	
* Phone Number:	Fax Number:	* Email:	
* Signature of Authorized Representative		* Date Signed	
<hr/>		<hr/> 08/13/1967	
<b>20. Pre-application</b> File Name: Mime Type:			
<b>21. Attach an additional list of Project Congressional Districts if needed.</b>			
File Name: Mime Type:			